	Original - Court 1st copy - Defendant	2nd copy - Plaintiff 3rd copy - Return	
Approved, SCAO STATE OF MICHIGAN	1st copy - Dolondant	CASE NO.	
20th JUDICIAL DISTRICT GOUNTY PROBATE	SUMMONS AND COMPLAINT	06- 56415 -CK	
Court address	EDV	VARD R. POSTourt telephone no	
414 Washington Street, Room 301-A, Grand	i Haven, MI 49417	616-846-8315	
Plaintiff name(s), address(es) and telephone no(s). ZEELAND COMMUNITY HOSPITAL 8333 Felch St. Zeeland, MI 49464 616.772.4644, Plaintiff attorney, bar no., address, and telephone	v ASSURITY LIFE corporation, c/o Resident Age Assurity Life Insu	address(es), and telephone no(s). INSURANCE COMPANY, a Nebraska int: Keith Prettyman rance Company	
William W. Jack, Jr. (P23403)	Lincoln, Nebrask	a 68508	
SMITH HAUGHEY RICE & ROEGGE 250 Monroe Ave., N.W., Suite 200 Grand Rapids, MI 49503 (616) 774-8000	Phone: 1-800-86	9-0355	
SUMMONS NOTICE TO THE DEFE	NDANT: In the name of the people of the Sta	ate of Michigan, you are notified:	
or take other lawful action with the con 3. If you do not answer or take other action in the complaint. State		vere served outside this state). MCR 2.111(C) ed against you for the relief demanded	
Sept 18 2006 De	C 18 2006 DANIELC.	ARUNERK	
by the plaintiff. Actual allegations and the cl Family Division Cases There is no other pending or resolved act members of the parties. An action within the jurisdiction of the fam has been previously filed in	is information that is required to be in the caption in the caption of the family division of the family division of the family division of the family division of the circuit court involving the family	of circuit court involving the family or family ily or family members of the parties Court.	
The action remains is no longer	pending. The docket number and the judge	e assigned to the action are:	
Docket no.	Judge	Bar no.	
	il action arising out of the same transaction or o ner parties arising out of the transaction or occur pending. The docket number and the judg	rrence alleged in the complaint has Court.	
Docket no.	Judge		
VENUE		SHEHH SE BAL NO.	
Plaintiff(s) residence (include city, township, or villa	ge) Defendant(s) residence (include o		
Zeeland, Michigan Place where action arose or business conducted	Lincoln, Nebraska	8 8 3 U	
Place where action arose or business conducted Zeeland, Michigan	10	NEBROUNTY POINT WITHIN	
	1/10/2	68 1 1 0 A	
September 14, 2006 Date	Signature of attorney/plaintiff	William Wo High Constitution of the Constituti	

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If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you to fully participate in court proceedings, please contact the court immediately to make arrangements.

MC 01 (3/06) SUMMONS AND COMPLAINT

MCR 2.102(B)(11), MCR 2.104, MCR 2.105, MCR 2.107, MCR 2.113(C)(2)(a),(b), MCR 3.208(A)

PROOF OF SERVICE

SUMMONS AND COMPLAINT Case No.06-564/5-CK

TO PROCESS SERVER: You are to serve the summons and complaint not later than 91 days from the date of filing or the date of expiration on the order for second summons. You must make and file your return with the court clerk. If you are unable to complete service you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE

OFFICER CERTIFICATE I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party [MCR 2.104(A)(2), and that: (notarization not required)				AFFIDAVIT OF PROCESS SERVER Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that: (notarization required)		
	by registered o	r certified ma		m receipt atta	ched) a copy of the summons	and complaint,
-	List all do	cuments served	with the Summo	ns and Complain	nt	
						on the defendant(s):
Defendant's na			Complete add	dress(es) of sen	rice	Day, date, time
	gent: Keith Pro e Insurance Co		1526 K Str	eet Lincoln	Nebraska 68508	
ASSUMY LIN	insurance of	Dilipally	10201101	001, 200,		
☐ I have personally attempted to serve the and have been unable to complete serve. Defendant's name		service.	and complain		Day, date, time	
Service fee \$	Miles traveled	Mileage fee \$	Total fee \$	Signa	ture	
				Title		
Subscribed a	and swom to be	efore me on	_			County, Michigan.
••••			Date	Ci		
My commiss	· -	ate		Signature:	eputy court clerk/Notary public	
Notary public	c, State of Mich		of			
			ACKNOV	VI EDGMEN	T OF SERVICE	
acknowledg	ge that I have re	eceived servi	ice of the sumn	nons and com	plaint, together with	
					Attachmen	ts

	on	
	Day, date, time	_
	on behalf of	
Signature		•